

APPLICATION FOR TRAFFIC CALMING

Date: _____
Name of applicant: _____
Address : _____

Phone Number: _____
Name of neighborhood: _____
Names of streets in neighborhood: _____

Please rank the traffic problems in your neighborhood
(1 for greatest concern, 9 for least concern):

_____ Traffic Volume	_____ Danger to Pedestrians along streets
_____ Traffic Noise	_____ Danger to Pedestrians crossing streets
_____ Speeding	_____ Difficulty leaving your driveway/street
_____ Vehicle Crash Problems	_____ Other (Please explain in comments sect.)
_____ Parking	

Please provide 5 to 10 neighborhood residents who agree to participate/form the neighborhood steering committee:

Name:	_____
Address:	_____
Phone:	_____

Name:	_____
Address:	_____
Phone:	_____

Name:	_____
Address:	_____
Phone:	_____

Name:	_____
Address:	_____
Phone:	_____

Name:	
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Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

Comments: _____

Please return completed application to:
Traffic Calming Coordinator
Traffic and Transportation Department (591)
1515 East University Avenue
Lafayette, LA 70501
Phone: (337) 291-8549
Fax: (337) 291-5693
Email: drichard@LafayetteLA.gov